



COUNTY OF MAUI
DEPARTMENT OF PERSONNEL SERVICES
200 South High Street
Wailuku, HI 96793
Telephone: (808) 270-7850
Website: www.co.maui.hi.us/departments/Personnel

APPLICATION FOR EMPLOYMENT

The County of Maui does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, ancestry, arrest and court record, marital status, or sexual orientation in employment or the provision of services.

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

- ☐ Type or print legibly in ink.
- ☐ Fill out both sides carefully and completely.
- ☐ The information you provide will determine whether you meet the minimum qualification requirements on the examination announcement.
- ☐ Your failure to properly fill out this application may result in your disqualification or dismissal.
- ☐ Notify us of any changes in your address or telephone number. We will not be responsible for any mail or correspondence which does not reach you.
- ☐ Application assistance and examination accommodation for persons with special needs are available upon request. Please allow sufficient advance notice for examination accommodations.

1. CITIZENSHIP: Check the appropriate block below.

NOTE: Applicants must be citizens, nationals or permanent resident aliens of the United States.

- A. ☐ Citizen of the U.S.
- B. ☐ National of the U.S.
- C. ☐ Permanent Resident Alien of the U.S.
- D. ☐ Non-citizen. Type of visa _____

(For C & D, attach verification of alien status and employment authorization to application.)

2. UNITED STATES MILITARY SERVICE:

Veteran's Preference.

I claim: ☐ 5 points ☐ 10 points (preference)

Serial or Service No. _____

Date Entered Service: _____

Date Separated Service: _____

Military Occupational Speciality: _____

Type of last Separation: ☐ Honorable ☐ Other than Honorable

5 points veteran's preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955; or
- B. For more than 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976; or
- C. During the Gulf War from August 2, 1990 through January 2, 1992; or
- D. In a campaign or expedition for which a campaign medal has been authorized, including El Salvador, Grenada, Haiti, Lebanon, Panama, Somalia, Southwest Asia, Bosnia, and the Global War on Terrorism.

10 points veteran's preference may be awarded to:

- A. A veteran who served any time and who (1) has a present service-connected disability or (2) is receiving compensation, disability retirement benefits, or pensioner from the military or the Department of Veterans Affairs. Individuals who received a Purple Heart qualify as disabled veterans.
- B. An unmarried spouse of certain deceased veterans, a spouse of a veteran unable to work because of a service-connected disability, and
- C. A mother of a veteran who died in service or who is permanently and totally disabled.

To receive 5 points, veterans must submit a copy of their DD-214 or honorable discharge certificate showing dates of honorable service with this application. To receive 10 points, veterans must submit an official statement from the Veterans Administration or armed service dated within the past 6 months which confirms their qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage and, as applicable, veteran's death.

(THIS SPACE FOR OFFICIAL USE ONLY.)

TITLE OF JOB APPLYING FOR

EXAMINATION NUMBER

3. NAME:

Last

First

Middle

4. MAILING ADDRESS:

City

State

Zip Code

5. TELEPHONE:

Home

Business

6. POLICE APPLICANTS ONLY:

Will you be age 20 or older by the application deadline date? Yes ☐ No ☐

7. MAY WE CHECK YOUR EMPLOYMENT RECORD WITH YOUR PRESENT EMPLOYER?

Yes ☐ No ☐

8. CERTIFICATE OF APPLICANT:

I certify that the information I have given is complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation of information by me can disqualify this application and may be cause for my termination in the event I am employed by the County of Maui.

The following is applicable to prospective employees only:

I HEREBY ATTEST that I have not been convicted of any controlled substance-related offense during the three-year period immediately preceding the date of this application for employment pursuant to Section 78-2.6 of the Hawaii Revised Statutes. I understand and agree that should I fail to meet the suitability requirements of the County of Maui, I shall be disqualified from further employment consideration or deemed ineligible for appointment under Section 76-29 of the Hawaii Revised Statutes on the basis of unsuitability for public employment.

Date

Signature of Applicant

DO NOT WRITE IN SPACES BELOW

| | | | | |
|---------|----|----|----|------|
| W.T. | RS | CS | WT | WS |
| T. & E. | | | | |
| P.T. | | | | |
| ACC. | | | | VP |
| REJ. | | | | FS |
| ID # | | | | RANK |

FORM NO. 4-70 (rev. 2/2006)

IMPORTANT: The information you provide will determine whether you meet minimum qualifications. If a training and experience evaluation is part of the examination, the information may affect your grade. All information is subject to verification.

9. EDUCATION AND SPECIAL TRAINING: Attach copies of diplomas, certificates or transcripts, licenses, registrations required for this position or documents you feel are applicable. Refer to recruitment announcement for requirements.

Have you graduated from high school or received a high school equivalent diploma? Yes ☐ No ☐

Name and location of high school:

BUSINESS, TRADE, ARMED FORCES, COLLEGE OR UNIVERSITY AND GRADUATE OR PROFESSIONAL SCHOOLS:

| NAME OF SCHOOL | ADDRESS (CITY, STATE) | Date Attended | | | | Total Credit Hours Completed | Major Course of Study | Graduated | | Type of Degree or Cert. |
|----------------|-----------------------|---------------|----|----------|----|------------------------------------|-----------------------|-----------|----|-------------------------------|
| | | From Mo | Yr | To Mo | Yr | | | Yes | No | |
| | | : | : | : | : | | | | | |
| | | : | : | : | : | | | | | |

LICENSE: List any current licenses, registrations, or certificates that you possess which are pertinent to this job. *Must be valid at time of application.*

| TITLE | REGISTRATION NO. | DATE FIRST ISSUED | EXPIRATION DATE |
|-------|------------------|-------------------|-----------------|
| | | | |
| | | | |

Driver's License No.

Class Code: (circle one) 1 2 3 4 A B C

Exp. Date

10. EXPERIENCE: Complete this section even if attaching résumé. Begin with your present job. *To receive full credit, describe in detail all work you have done which qualifies you for the examination you are applying for.* Include volunteer and military experience. For volunteer and part-time experience, note average hours worked per week. If you held several jobs with the same organization, list them separately. This information may be verified with former employers. **If more space is needed, fill out a blank sheet using the same format and attach it to this form.**

DO
NOT
USE
SPACE
BELOW

| | | | |
|--------------------------|--|---|---|
| Present or Last Position | Employer _____ | No. & Titles of employees you supervised: _____ | From _____ Mo _____ Yr _____ |
| | Address _____ | | To _____ Mo _____ Yr _____ |
| | Name & Title of immediate Supervisor _____ | | Total _____ Yr _____ Mo _____ |
| | Your title _____ Duties _____ | | Full time <input type="checkbox"/> Part-time <input type="checkbox"/> |
| | _____ | | Av. hrs. per week _____ |
| | _____ | | Salary _____ |
| | _____ | | (first _____ last) |
| | _____ | | Reason for leaving _____ |
| | _____ | | |
| | _____ | | |

| | | |
|--|---|---|
| Employer _____ | No. & Titles of employees you supervised: _____ | From Mo Yr |
| Address _____ | | To Mo Yr |
| Name & Title of immediate Supervisor _____ | | Total Yr Mo |
| Your title _____ Duties _____ | | Full time <input type="checkbox"/> Part-time <input type="checkbox"/> |
| _____ | | Av. hrs. per week _____ |
| _____ | | Salary |
| _____ | | (first last) |
| _____ | | Reason for leaving |
| _____ | | _____ |

| | | |
|--|---|---|
| Employer _____ | No. & Titles of employees you supervised: _____ | From _____ Mo _____ Yr _____ |
| Address _____ | | To _____ Mo _____ Yr _____ |
| Name & Title of immediate Supervisor _____ | | Total _____ Yr _____ Mo _____ |
| Your title _____ | Duties _____ | Full time <input type="checkbox"/> Part-time <input type="checkbox"/> |
| _____ | _____ | Av. hrs. per week _____ |
| _____ | _____ | Salary _____ |
| _____ | _____ | (first _____ last) |
| _____ | _____ | Reason for leaving _____ |
| _____ | _____ | _____ |

USE SAME FORMAT AND FILL OUT BLANK SHEETS IF MORE SPACE IS REQUIRED.

Recruitment Title

RECRUITMENT/EXAMINATION SURVEY

To assist us in making our recruitment efforts as efficient as possible, **please answer the following questions and return this form with your application.**

Where did you hear about this recruitment? (Check as many as may apply)

- ☐ Maui News
- ☐ Honolulu Advertiser
- ☐ Honolulu Star-Bulletin
- ☐ Maui County Website (www.co.maui.hi.us or www.mauicounty.gov)
- ☐ www.governmentjobs.com
- ☐ Radio announcement
- ☐ Job/Career fair at _____
- ☐ Other _____

EXAMINATION SCHEDULING PREFERENCE

We may be able to schedule some of our written examinations outside of our regular business hours (Monday - Friday, 7:45 a.m. to 4:30 p.m.). These examinations may be offered during the early evenings Monday through Friday or Saturday mornings.

In order for us to best determine an alternate examination schedule, please indicate your first choice of examination time below:

- ☐ Regular business hours (7:45 a.m. to 4:30 p.m.)
- ☐ Early evenings (start at 4:00 p.m.)
- ☐ Saturday morning

Although your preference will be taken into consideration, we cannot guarantee that the examination will be scheduled for that time.

COUNTY OF MAUI
DEPARTMENT OF PERSONNEL SERVICES

EMPLOYMENT APPLICATION SUPPLEMENT - RACE/ETHNIC DATA

This information is needed for statistical purposes to meet federal reporting requirements on equal employment opportunity. Your participation in this survey is voluntary and your replies will be kept confidential. This survey will be detached from the application form prior to review of qualifications.

POSITION APPLYING FOR: _____ EXAM. NO. _____

SEX: Male ☐ Female ☐

AGE: ☐ Under 20 ☐ 20-39 ☐ 40-65 ☐ 66 and over

ETHNIC BACKGROUND: Please review all categories listed below. Determine the category which you believe best represents your ethnic background. Check one category only.

- A. ☐ WHITE - Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent, EXCEPT FILIPINO.
- B. ☐ HAWAIIAN AND PART HAWAIIAN - Check if you have any Hawaiian lineage.
- C. ☐ CHINESE AND KOREAN
- D. ☐ FILIPINO
- E. ☐ JAPANESE
- F. ☐ OTHER - Includes South Pacific Islanders (except Hawaiian), Blacks, American Indians, Burmese, Thais, Vietnamese, and persons of mixtures of any of the specific categories (except Part Hawaiians)
- G. ☐ Check here if you are uncertain as to the category to which you belong and enter your (a) specific ethnic descent or (b) mixture of ethnic descents:

1. Specific ethnic descent: _____

2. Mixture of ethnic descent: _____